## 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L01000017645

Entity Name: THE SURGERY CENTER OF VOLUSIA, L.L.C.

FILED Feb 17, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3635 S CLYDE MORRIS BLVD #500

PORT ORANGE, FL 32129

Current Mailing Address: New Mailing Address:

3635 S CLYDE MORRIS BLVD #500 PORT ORANGE, FL 32129

FEI Number: 59-3754620 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AGNONE, LOUIS M 3635 S CLYDE MORRIS BLVD #500 PORT ORANGE, FL 32129 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR

Name: STELLA, GREGORY J

Address: 3635 S CLYDE MORRIS BLVD #100 City-St-Zip: PORT ORANGE, FL 32129

Title: MGR

Name: AGNONE, LOUIS M

Address: 3635 S CLYDE MORRIS BLVD #100 City-St-Zip: PORT ORANGE, FL 32129

Title: MGR

Name: MOULIS, HARRY

Address: 3635 S CLYDE MORRIS BLVD #100 City-St-Zip: PORT ORANGE, FL 32129

Title: MGR

Name: RICCI, DONATO R

Address: 3635 S CLYDE MORRIS BLVD #100

City-St-Zip: PORT ORANGE, FL 32129

Title: MGR

Name: SLADE, C. LAWRENCE

Address: 3635 S CLYDE MORRIS BLVD #400

City-St-Zip: PORT ORANGE, FL 32129

Title: MGR

Name: HAWTHORNE, KENNETH B JR Address: 70 RIVERSIDE DRIVE City-St-Zip: ORMOND BEACH, FL 32176

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: LOUIS M. AGNONE MGR 02/17/2010